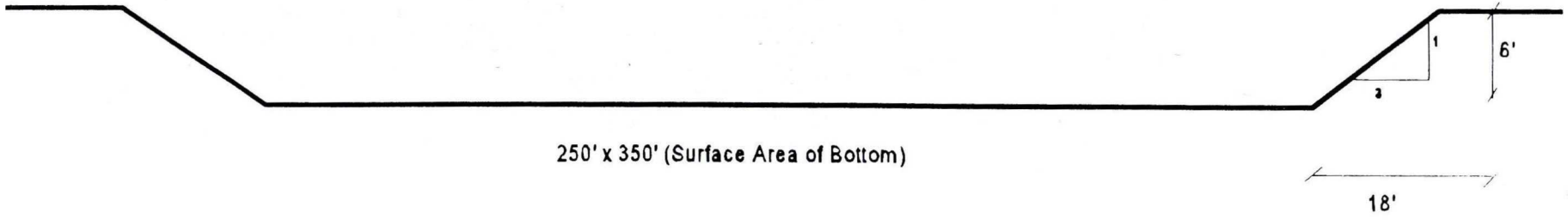
CHEMETCO, INC.
STORMWATER/WASTEWATER FLOW SHEET
RETENTION BASIN DESIGN/CALCULATIONS

VOLUME CAPACITY:

[(250x350x6) + (18x6x350) + (18x6x{250+36})] = 593,688 cu.ft.

593,688 cu.ft. X 7.5 gal./cu.ft. = 4,452,660 gallons.



NPDES PERMIT APPL.,7/97
ATTACHMENT 3

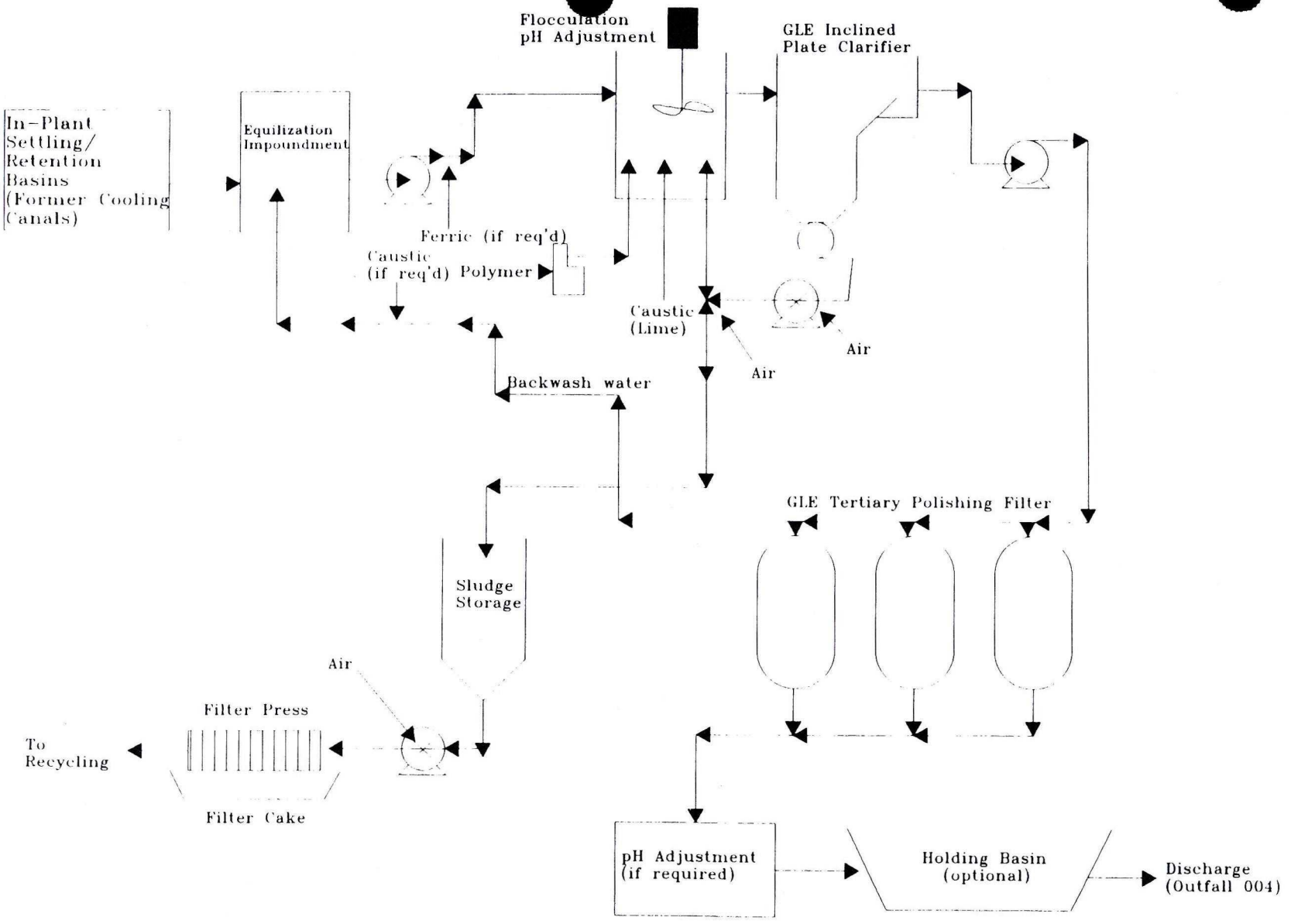
APPLICATION FOR NPDES STORMWATER PERMIT (OUTFALL 004)
AND
APPLICATION FOR JOINT CONSTRUCTION AND OPERATING PERMIT
STORMWATER TREATMENT SYSTEM

CHEMETCO
Route 3 & Oldenburg Road
Hartford, Illinois 62048

ATTACHMENT 4:

Process Flow Diagram/Narrative and Treatment System Design; (Manufacturer's) Specifications

JULY 1997



Attachment 4: Treatment Process

Chemetco, Inc.

CSD Environmental Services, Inc.

CHEMETCO, INC.
Hartford, Illinois

STORMWATER(/GROUNDWATER) TREATMENT SYSTEM

NARRATIVE

Most agents requiring treatment or reduction are easily reduced to the required discharge limits. Constituents of concern at the plant are cadmium, copper and manganese. Bench scale studies have been initiated to confirm the required chemical additions.

Cadmium

Cadmium has its minimum point of solubility at approximately a pH of 11.2. At this pH level zinc and lead, which have minimum solubility's at 9.0 - 10.0, will be at higher solubilities than allowed for discharge. We have included ferric sulfate feed to assist in coagulation and perhaps co-precipitate of cadmium to the required levels at a lower than normal pH, if required. If this technique is not successful, it may be necessary to add a sulfide releasing agent to the reaction tanks.

Copper

Copper can form highly soluble complexes with ammonia which require sulfide precipitation. We do not believe the ammonia is present at levels high enough to cause a problem, but sulfide feed could turn out to be required.

Manganese

Manganese can be present in the manganous form which is soluble at alkaline pH ranges. It is possible that it has been oxidized to a perceptible form in the lagoons. We have, however, included aeration prior to the polishing filters, which should solve the problems of manganous ion.

BOD, COD and Ammonia

The proposed treatment system will not have much effect on these parameters, except to the extent they are represented by TSS in the storm water, in which case some reduction will occur.

CHEMETCO, INC.
Hartford, Illinois

STORMWATER(/GROUNDWATER) TREATMENT SYSTEM

PROCESS DESCRIPTION

Storm water is delivered to the treatment system at 100 -110 GPM average. In the first stage, the pH is adjusted to 9.5 - 10.0 with lime slurry. Concurrently ferric sulfate may be added as a prime coagulant and co-precipitant. The pH is adjusted automatically by means of pH controller and metering pump.

The pH adjusted water gravity flows to a flocculation stage where anionic polymer is added and variable speed mixing is provided. If required, sodium sulfide is added at this point.

The flocculated water gravity flows to an Inclined Plate Clarifier where the solids settle, are thickened, and pumped automatically to a sludge holding tank. The clarified water gravity flows to an aerated sump and is pumped to sand or (multi-media) pressure filters. The filters are automatic and use internally recirculated, filtered water for backwash. The backwash is sent to the feed pond.

The filtered water is discharged to a final pH adjustment tank where the pH is lowered by sulfuric acid addition prior to discharge. The acid addition is by means of a pH monitor operated metering pump.

Collected liquid sludge is periodically dewatered in a recessed chamber filter press. The filtrate is sent to floor drains which discharge to the feed pond.

Out of specification, pH, high filter sump level and low chemicals levels will close dry contacts which can trigger a remote alarm and/or stop the feed pumps.

EPA ID Number *(copy from Item I of Form 1)*
ILD 048843809

VII. Discharge Information

A,B,C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Tables VII-A, VII-B, and VII-C are included on separate sheets numbered VII-1 and VII-2.

E: Potential discharges not covered by analysis - Is any pollutant listed in Table 2F-2 a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

[XX] Yes *(list all such pollutants below)* [ ] No *(go to Section IX)*

Aluminum
Barium
Boron
Iron
Magnesium
Manganese
Tin

VIII. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

[ ] Yes *(list all such pollutants below)* [XX] No *(go to Section IX)*

IX. Contract Analysis Information

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

[XX] Yes *(list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)* [ ] No *(go to Section X)*

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
Prairie Analytical Systems	P.O.Box 8326 205 Main Terminal Capitol Airport Springfield, IL 62791-8326	217/753-1148	Refer to Attch. 5
AM Laboratories, Inc.	151308 South Kesler Olathe, KS 66062	913/829-0101	Refer to Attch. 5
Environmental Analysis, Inc.	3278 N. Hwy. 67 Florissant, MO 63033	314/921-4488	Refer to Attch. 5

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title *(type or print)*	B. Area Code and Phone No.
David A. Hoff, President	618/254-4381
C. Signature	D. Date Signed

EPA ID Number *(copy from Item I of Form 1)*
ILD 048843809

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

VII. Discharge Information *(Continued from page 3 of Form 2F)*

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled *	Sources of Pollutants
	Grab Sample * Taken During First 30 Minutes	Flow-weighted Composite	Grab Sample * Taken During First 30 Minutes	Flow-weighted Composite		
Oil and Grease	41.3		13.1		4	Parking Areas; Plant
Biological Oxygen Demand (BOD5)	16.7		--		1	Processing/Materials
Chemical Oxygen Demand (COD)	<20		--		1	Storage & Handling
Total Suspended Solids (TSS)	74		50.8		3	Areas; RCRA Regulated
Total Kjeldahl Nitrogen	3.3		--		1	Units (existing &
Nitrate plus Nitrite Nitrogen	1.1		--		1	closed)
Total Phosphorus	1.2		0.71		3	
pH	Minimum 8.0	Maximum 9.18	Minimum	Maximum		

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled *	Sources of Pollutants
	Grab Sample * Taken During First 30 Minutes	Flow-weighted Composite	Grab Sample * Taken During First 30 Minutes	Flow-weighted Composite		
Boron	Refer to Analysis Summary Table(s) provided under					Refer to above.
Cadmium	Attachment 5 and refer to Form 2C, Section V.					
Copper						
Lead						
Manganese						
Nickel						
Silver						
Zinc						
Iron						
Total Res. Chlorine						

*Note: Data based upon available analysis of grab samples collected from existing closed-loop stormwater management system, Outfall 002 (max.) and from quarterly reports for SID system, representing UNTREATED wastewaters.

Part C - List each pollutant shown in Tables 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 30 Minutes	Flow-weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-weighted Composite		
Refer to Section V -- NPDES Form 2C.						Parking Areas; Plant
Refer to Attachment 5 for analysis completed of all compounds						Processing/Materials
listed in TABLES 2F-2, 2F-3 and 2F-4.						Storage & Handling Areas;
						RCRA Regulated Units
						(existing & closed)

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum floe rate during rain event (gallons/minute or specify units	6. Total flow from rain event (gallons or specify units)	7. Season sample was taken	8. Form of Precipitation (rainfall, snowmelt)
Not Applicable -- Samples collected from existing closed-loop stormwater management system, available data (max.'s) from Outfall 002 and from quarterly monitoring of the SIDS system.							

9. Provide a description of the method of flow measurement or estimate.

Refer to Attachment 3.

APPLICATION FOR NPDES STORMWATER PERMIT (OUTFALL 004)
AND
APPLICATION FOR JOINT CONSTRUCTION AND OPERATING PERMIT
STORMWATER TREATMENT SYSTEM

CHEMETCO
Route 3 & Oldenburg Road
Hartford, Illinois 62048

SECTION TWO:

IEPA JOINT CONSTRUCTION/OPERATING PERMIT APPLICATION FORMS

Form WPC-PS-1:
Application for Permit or Construction Approval

Schedule J:
Industrial Treatment Works Construction or Pre-Treatment Works

Schedule N:
Waste Characteristics

JULY 1997

Illinois Environmental Protection Agency
Permit Section, Division of Water Pollution Control
P. O. Box 19276
Springfield, Illinois 62794-9276

Application For Permit Or Construction Approval

WPC-PS-1

For IEPA Use:

1. **Name and Location:**

Name of project: Chemetco, Inc. -- Stormwater and Groundwater Treatment System

Municipality or Township: Hartford County: Madison

2. **Brief Description of Project:** Construction & Operation of Stormwater Treatment System Prior to Discharge under NPDES Permit

3. **Documents Being Submitted:** If the project involves any of the items listed below, submit the corresponding schedule, and check the appropriate spaces.

Project

Private Sewer Connection/Extension	A/B		Spray Irrigation	H	
Sewer Extension Construct Only	C		Septic Tanks	I	
Sewage Treatment Works	D		Industrial Treatment or Pretreatment	J	X
Excess Flow Treatment	E		Waste Characteristics	N	X
Lift Station/Force Main	F		Erosion Control	P	
Sludge Disposal	G		Trust Disclosure	T	

Plans:-Title Refer to Table of Contents Number of Pages: Refer to Table of Contents

Specifications: Title Refer to Table of Contents Number of Books/Pages: Refer to Table of Contents

Other Documents (Please Specify) Refer to Attachments 1 - 6

4. **Land Trust:** Is the project identified in item number 1 herein, for which a permit is requested, to be constructed on land which is the subject of a trust? ____ Yes ____ No
If yes, Schedule T (Trust Disclosure) must be completed and item number 7.1.1 must be signed by a beneficiary, trustee or trust officer.

5. **This is an Application for** *(Check Appropriate Line):*

X A. Joint Construction And Operating Permit
____ B. Authorization to Construction (See Instructions) NPDES Permit No. IL00 _____ Issue Date _____
____ C. Construct Only Permit (Does Not Include Operations)
____ D. Operate Only Permit (Does Not Include Construction)

6. **Certifications and Approval:**

6.1 **Certificate by Design Engineer** *(When required; refer to instructions)*
I hereby certify that I am familiar with the information contained in this application, including the attached schedules indicated above, and that to the best of my knowledge and belief such information is true, complete and accurate. The plans and specifications (specifications other than Standard Specifications or local specifications on file with this Agency) as described above were prepared by me or under my direction.

Engineer Walter G. Shifrin (Name) 062-021317 (Registration Number)

21317 REGISTERED PROFESSIONAL ENGINEER OF ILLINOIS

Firm: Shifrin & Associates, Inc.

Address: 230 S. Bemiston, Suite 305

St. Louis, MO. 63105 Phone Number: 314/721-2249

Signature X

7. **Certifications and Approvals for Permits:**

7.1 **Certificate by Applicant(s)**
I/We hereby certify that I/we have read and thoroughly understand the conditions and requirements of this Application, and am/are authorized to sign this application in accordance with the Rules and Regulations of the Illinois Pollution Control Board. I/We hereby agree to conform with the Standard Conditions and with any other Special Conditions made part of this Permit.

7.1.1 Name of Applicant For Permit To Construct Chemetco, Inc.

Route 3 & Oldenburg Road (Mailing: P.O. Box 67) Hartford, IL. 62048
Street City State Zip Code

Signature X David A. Hoff (618) 254-4381
Printed Name Phone Number

Title President Organization Chemetco, Inc.

532-0010
IEPA 150 Rev.5/92)

7.1.2 **Name Of Applicant For Permit To Own and Operate** Chemetco, Inc.

Route 3 & Oldenburg Road (Mailing: P.O. Box 67) Hartford, IL. 62048
Street City State Zip Code

Signature X [signature] David A. Hoff (618) 254-4381
Printed Name Phone Number

Title President

7.2 **Attested (Required When Applicant Is a Unit of Government)**--Not Applicable

Signature X _____ Date _____ Title _____
(City Clerk, Village Clerk, Sanitary District Clerk, Etc.)

7.3 Applicants from non-governmental applicants which are not signed by the owner, must be signed by a principal executive officer of at least the level of vice president, or a duly authorized representative.

7.4 **Certificate By Intermediate Sewer Owner** -- Not Applicable

I hereby certify that (Please check one):

_____1. The sewers to which this project will be tributary have adequate reserve capacity to transport the wastewater that will be added by this project without causing a violation of the Environmental Protection Act or Subtitle C, Chapter I, or

_____2. The Illinois Pollution Control Board, in PCB _____ dated _____, granted a variance from Subtitle C, Chapter I to allow construction facilities that are the subject of this application.

Name and location of sewer system to which this project will be tributary: _____

Sewer System Owner _____

Street City State Zip Code

Signature X _____ Date _____ Title _____

7.4.1 **Additional Certificate By Intermediate Sewer Owner** -- Not Applicable

I hereby certify that (Please check one):

_____1. The sewers to which this project will be tributary have adequate reserve capacity to transport the wastewater that will be added by this project without causing a violation of the Environmental Protection Act or Subtitle C, Chapter I, or

_____2. The Illinois Pollution Control Board, in PCB _____ dated _____, granted a variance from Subtitle C, Chapter I to allow construction and operation of the facilities that are the subject of this application.

Name and location of sewer system to which this project will be tributary: _____

Sewer System Owner _____

Street City State Zip Code

Signature X _____ Date _____ Title _____

7.5 **Certificate By Waste Treatment Works Owner**-- Not Applicable; Industrial Pre-Treatment Prior to Discharge Under NPDES Proposed.

I hereby certify that (Please check one):

_____1. The waste treatment plant to which this project will be tributary has adequate reserve capacity to treat the wastewater that will be added by this project without causing a violation of the Environmental Protection Act or Subtitle C, Chapter I, or

_____2. The Illinois Pollution Control Board, in PCB _____ dated _____, granted a variance from Subtitle C, Chapter I to allow construction and operation of the facilities that are the subject of this application.

I also certify that the industrial waste discharges described in the application is capable of being treated by the treatment works.

Name and location of waste treatment works to which this project will be tributary: _____

Treatment Works Owner _____

Street City State Zip Code

Signature X _____ Date _____ Title _____

The IEPA is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

FOR IEPA USE:
LOG #
DATE RECEIVED:

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF WATER POLLUTION CONTROL
PERMIT SECTION
Springfield, Illinois 62706

SCHEDULE J INDUSTRIAL TREATMENT WORKS CONSTRUCTION OR PRETREATMENT WORKS

1. NAME AND LOCATION:

1.1 Name of project Chemetco, Inc. -- Stormwater and Groundwater Treatment System

1.2 Plant Location

1.2.1 SE 1/4 (Quarter Section) . 16 (Section) 4N (Township) 9W (Range) 3rd (P.M.)

1.2.2 Latitude 30 ° 48 ' 00 "North
Longitude 90 ° 06 ' 00 "West

1.2.3 Name of USGS Quadrangle Map (7.5 or 15 Minutes) SE/4 Alton 15' Quadrangle

2. NARRATIVE DESCRIPTION AND SCHEMATIC WASTE FLOW DIAGRAM: (see instructions)

Industrial Pre-treatment of Stormwater* Prior to Discharge Under NPDES Permit -- Refer to Attachment 4.

*Includes Groundwater Generated from SID System.

2.1 PRINCIPAL PRODUCTS: Copper Anodes, Solder, Granulated Slag and Zinc Oxide

2.2 PRINCIPAL RAW MATERIALS: Varying Grades and Types of Copper Scrap and Copper-Bearing Materials.

3. DESCRIPTION OF TREATMENT FACILITIES:

3.1 Submit a flow diagram through all treatment units showing size, volumes, detention times, organic loadings, surface settling rate, weir overflow rate, and other pertinent design data. Include hydraulic profiles and description of monitoring systems. Refer to Attachment 2 and 4.

3.2 Waste Treatment Works is: Batch ____, Continuous X; No. of Batches/day ____, No. of Shifts/day ____

3.3 Submit plans and specifications for proposed construction. Refer to Attachment 4.

3.4 Discharge is: Existing ____; Will begin on within 3 - 4 months of receipt of permit(s).

4. DIRECT DISCHARGE IS TO: Receiving Stream X Municipal Sanitary Sewer ____, Municipal storm or municipal combined sewer ____. If receiving stream or storm sewer indicated complete the following:

Name of receiving stream Unnamed Tributary; tributary to Long Lake;

tributary to ____; tributary to ____.

5. Is the treatment works subject to flooding? If so, what is the maximum flood elevation of record (in reference to the treatment works datum) and what provisions have been made to eliminate the flooding hazard? NO

6. APPROXIMATE TIME SCHEDULE: Estimated construction schedule:

Start of Construction 01/97 - weather permitting Date of Completion 4/98

Operation Schedule Startup 3/98 - 4/98; Date Operation Begins 4/98

100% design load to be reached by year 1998

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center

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WPC 158 REV.(4/91

090-001

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7. DESIGN LOADINGS

7.1 Design population equivalent (one population equivalent is 100 gallons of wastewater per day, containing 0.17 pounds of BOD_5 and 0.20 pounds of suspended solids; *

BOD 155 PE ; Suspended Solids 491 PE ; Flow 1526 PE .

7.2 Design Average Flow Rate 100 gpm = 0.144 MGD.

7.3 Design Maximum Flow Rate 300 gpm = 0.432 MGD.

7.4 Design Minimum Flow Rate 70 gpm = 0.101 MGD.

7.5 Minimum 7-day, 10-year low flow _____ cfs _____ MGD. Not Applicable.

Minimum 7-day, 10-year flow obtained from _____.

7.6 Dilution Ratio _____ ; _____.

8. FLOW TO TREATMENT WORKS (if existing): -- Not Applicable.

8.1 Flow (last 12 months)

8.1.1 Average Flow _____ MGD

8.1.2 Maximum Flow _____ MGD

8.2 Equipment used in determing above flows _____.

9. Has a preliminary engineering report for this project been submitted to this Agency for Approval?

YES __ NO X. If so, when was it submitted and approved. Date Submitted _____

Certification _____

Dated _____

10. List Permits previously issued for the facility: NPDES Permit #IL0025747; RCRA Facility I.D.#1198010003; DAPC Facility I.D. #11980lAAC

11. Describe provisions for operation during contingencies such as power failures, flooding, peak loads, equipment failure, maintenances shut-downs and other emergencies. Chemetco has designed sufficient retention capacity to accomodate such contingencies. In the event of"catastrophic" rain events (beyond the design max. anticipated from available rainfall data), Chemetco intends to propose direct (by-pass) discharge as needed to accommodate the additional volume loading and prevent flooding of the plant and system. Any direct discharges will be subject to sampling & analysis criteria developed under this permit. During these events, the SID System generation will be diverted, if necessary, into the plant's process operations (for use as make-up waters).

12. Complete and submit Schedule G if sludge disposal will be required by this facility. NA

13. WASTE CHARACTERISTICS: Schedule N must be submitted. ENCLOSED

14. TREATMENT WORKS OPERATOR CERTIFICATION: List names and certification numbers of certified operators:
Kevin Youngman -- will be assigned and certified as the Wastewater Treatment Plant Operator prior to start-up of operations.

*BOD:

Based on 103 gpm stormwater/groundwater flow @ 17mg/l;
Est. 3 gpm treated sanitary wastewater @ 150mg/l (assume 30% reduction)
= 26.4 lbs/day

*TSS:

Based on 103 gpm stormwater/groundwater flow @ 75mg/l;
Est. 3 gpm treated sanitary wastewater @ 150mg/l (assume 30% reduction)
= 98.2 lbs/day

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

FOR IEPA USE:
LOG #
DATE RECEIVED:

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF WATER POLLUTION CONTROL
PERMIT SECTION
Springfield, Illinois 62706

SCHEDULE N WASTE CHARACTERISTICS

1. Name of Project Chemetco, Inc. -- Stormwater/Groundwater Treatment System

2. FLOW DATA

	EXISTING	PROPOSED-DESIGN
2.1 Average Flow (gpd)	NA	100 gpm = 144,000 gals/day
2.2 Maximum Daily Flow (gpd)	NA	300 gpm = 432,000 gals/day

2.3 TEMPERATURE

Time of year	Ave. Intake Temp. F	Avg. Effluent Temp. F	Max. Intake Temp. F	Max. Effluent Temp. F	Max. Temp. Outside Mixing Zone F
SUMMER	60 - 65	60 - 65	65	65	NA
WINTER	35 - 40	35 - 40	45	45	NA

2.4 Minimum 7-day, 10-year flow: _____ cfs _____ MGD. -- Not Applicable.

2.5 Dilution Ratio: _____ ; _____ -- Not Applicable.

2.6 Stream flow rate at time of sampling _____ cfs _____ MGD. -- Not Applicable -- See **NOTE.

3. CHEMICAL CONSTITUENT Existing Permitted Conditions ___; Existing conditions ___; Proposed Permitted Conditions _____.

Type of sample: ___ grab (time of collection ___); ___ composite (Number of samples per day _____)

(see instructions for analyses required) **NOTE: Existing analysis performed on grab samples collected from current stormwater basins (cooling canals) of closed-loop mngmt. system and of the SID system quarterly monitoring.

Constituent	RAW WASTE (mg/l)	TREATED EFFLUENT *** Avg. (mg/l)	Max.	UPSTREAM SAMPLES (mg/l)	DOWNSTREAM SAMPLES (mg/l)
Ammonia Nitrogen (asN)	Refer to Attachment5	(*)		Not Applicable	
Arsenic (total)		0.25			
Barium		2.0			
Boron		(*)			
BOD_5		30.0			
Cadmium		0.15			
Carbon Chloroform Extract		(*)			
Chloride		(*)			
Chromium (total hexavalent)		0.1			
Chromium (total tribalent)		1.0			
Copper		0.5			
Cyanide (total)		0.10			
Cyanide (readily released @150°F & pH 4.5)		(*)			
Dissolved Oxygen		(*)			
Fecal Coliform		200 per 100 ml.			

	RAW WASTE (mg/l)	TREATED EFFLUENT *** Avg. (mg/l) Max.	UPSTREAM (mg/l)	DOWNSTREAM SAMPLES (mg/l)
Fluoride	Refer to	15.0	Not	Applicable
Hardness (as Ca CO_3)	Attachment 5	(*)		
Iron (total)		2.0		
Lead		0.2		
Manganese		1.0		
MBAS		(*)		
Mercury		0.0005		
Nickel		1.0		
Nitrates (asN)		(*)		
Oil & Grease (hexane solubles or equivalents)		15.0		
Organic Nitrogen (as N)		4.0 (Nov - March)		
pH		6 - 9		
Phenols		0.3		
Phosphorous (as P)		(*)		
Radioactivity		NA		
Selenium		(*)		
Silver		0.1		
Sulfate		(*)		
Suspended Solids		15.0		
Total Dissolved Solids		(*)		
Zinc		1.0		
Others -- Organics (Table 2F-2,2F-3, 2F-4 Constituents) not present in the wastewater pursuant to analysis (Refer to Attachment 5); will be subject to Pollution Prevention Provisions (Refer to Attachment 6).				
***Standards Established under 35 IAC, Subtitle C, Part 304 (as applicable).				
(*) = No Standards Established; or not applicable.				

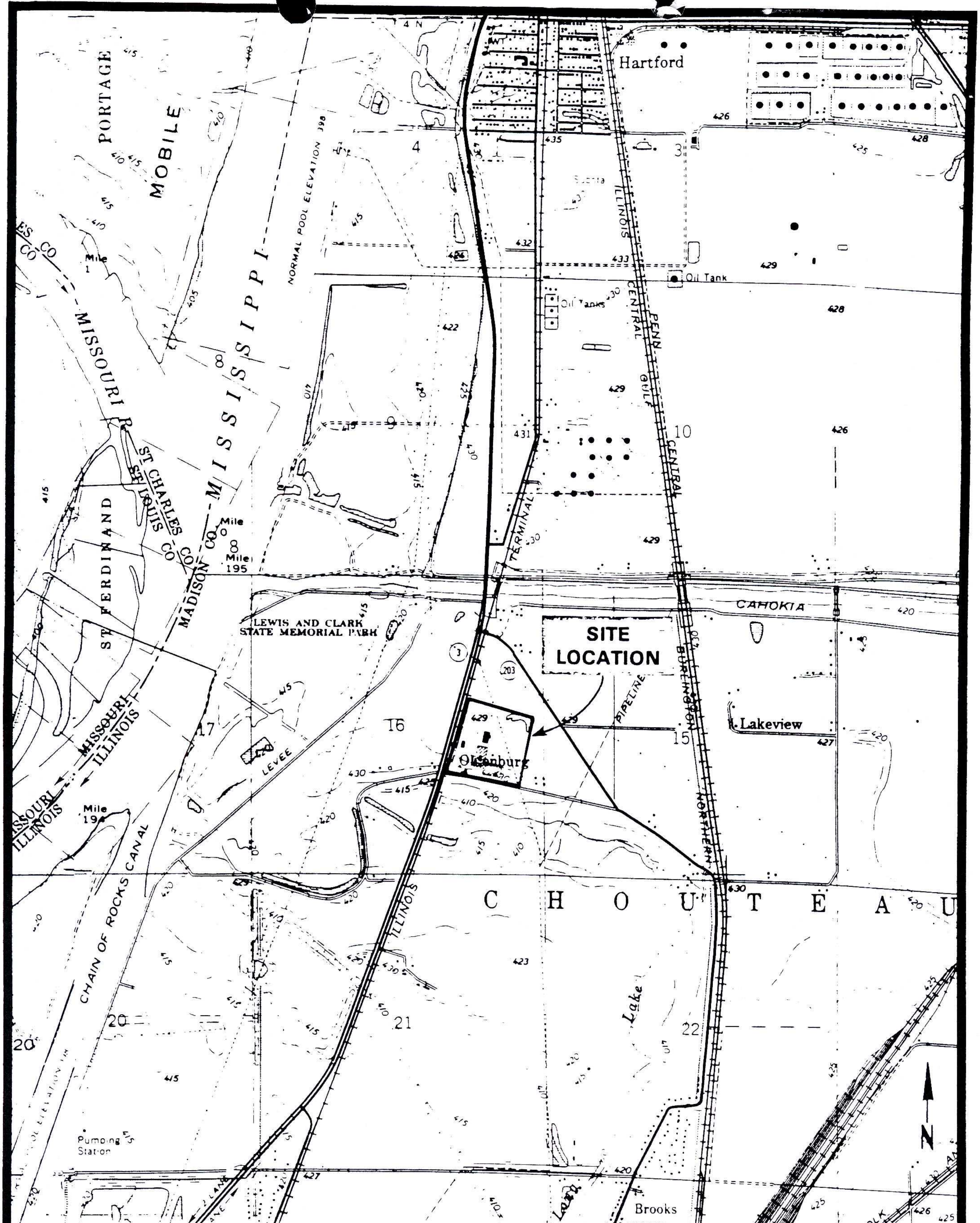
APPLICATION FOR NPDES STORMWATER PERMIT (OUTFALL 004)
AND
APPLICATION FOR JOINT CONSTRUCTION AND OPERATING PERMIT
STORMWATER TREATMENT SYSTEM

CHEMETCO
Route 3 & Oldenburg Road
Hartford, Illinois 62048

ATTACHMENT 1:

Regional Site Topographic Location Map

JULY 1997


Hartford
PORTAGE
MOBILE
MISSISSIPPI
NORMAL POOL ELEVATION 398
MISSOURI R
ST CHARLES CO
ST LOUIS CO
MADISON CO
ST FERDINAND
MISSOURI
ILLINOIS
CHAIN OF ROCKS CANAL
LEWIS AND CLARK
STATE MEMORIAL PARK
LEVEE
SITE
LOCATION
Oldenburg
Lakeview
CAHOKIA
C H O U T E A U
Lake
Brooks
Oil Tank
Oil Tanks
ILLINOIS CENTRAL GULF
PENN CENTRAL
BURLINGTON NORTHERN
TERMINAL
ILLINOIS
PIPELINE
Pumping Station
Mile 195
Mile 194
Mile 0
Mile 1
N

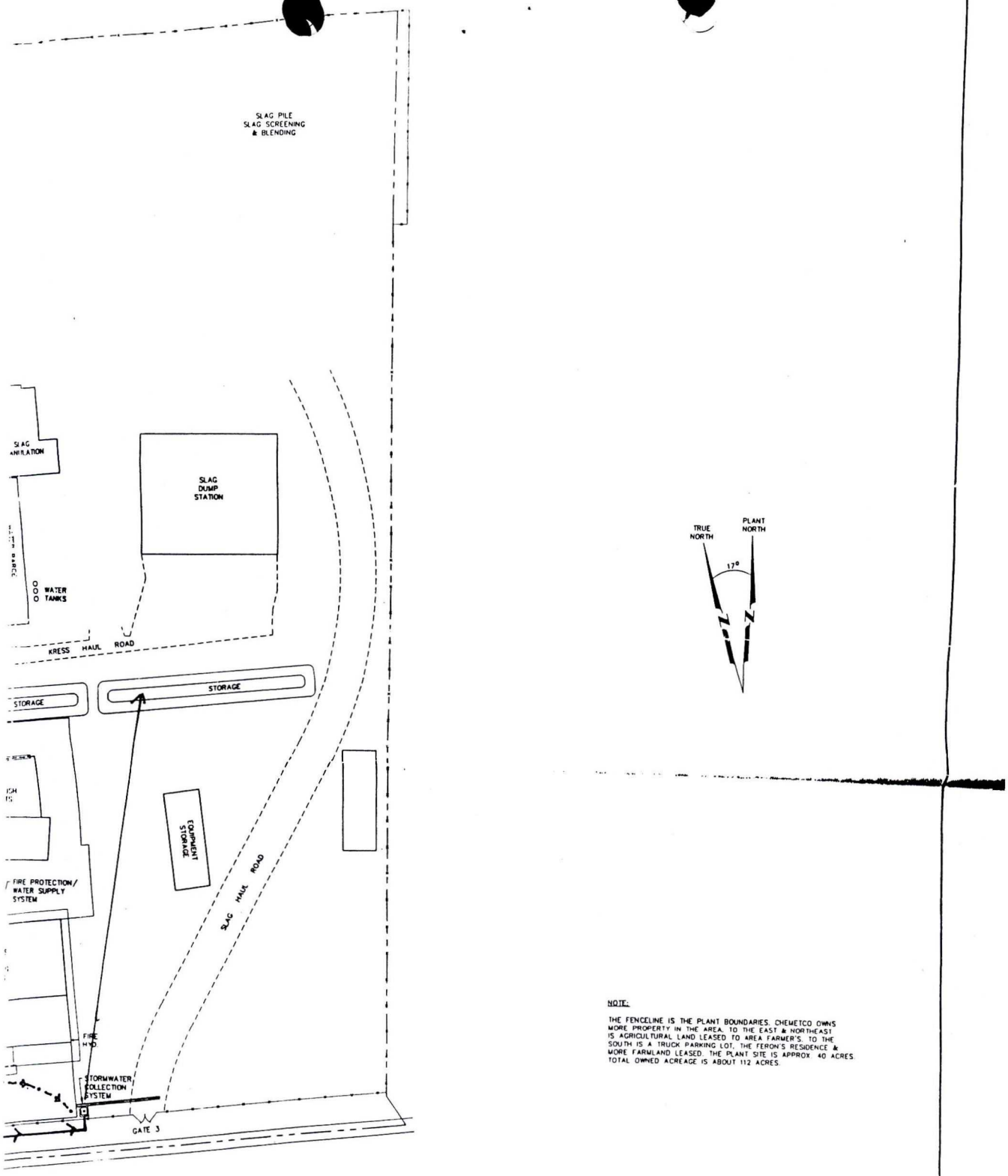
APPLICATION FOR NPDES STORMWATER PERMIT (OUTFALL 004)
AND
APPLICATION FOR JOINT CONSTRUCTION AND OPERATING PERMIT
STORMWATER TREATMENT SYSTEM

CHEMETCO
Route 3 & Oldenburg Road
Hartford, Illinois 62048

ATTACHMENT 2:

Topographic Site Plan Map

JULY 1997



Response to #25

ILD 048843809 | 004

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT (Untreated)** Stormwater a. MAXIMUM XXXX VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM XXXX VALUE SIDS (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE * (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS (continued) -- Refer to Attachment 5.										SW/SIDS***					
22V. Methylene Chloride (75-09-2)			X								mg/l				
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X												
24V. Tetrachloroethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X												
27V. 1,1,1-Trichloroethane (71-55-6)			X												
28V. 1,1,2-Trichloroethane (79-00-5)			X												
29V. Trichloroethylene (79-01-6)			X												
30V. Trichlorofluoromethane (75-69-4)			X												
31V. Vinyl Chloride (75-01-4)			X												
GC/MS FRACTION – ACID COMPOUNDS -- Refer to Attachment 5.															
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichlorophenol (120-83-2)			X												
3A. 2,4-Dimethylphenol (105-67-9)			X												
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X												
5A. 2,4-Dinitrophenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4-Nitrophenol (100-02-7)			X												
8A. P-Chloro-M-Cresol (59-50-7)			X												
9A. Pentachlorophenol (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Trichlorophenol			X												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	Stormwater 3. EFFLUENT (Untreated)** a. MAXIMUM XXXX VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM XXXX VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) * (1) CONCENTRATION	(2) MASS	d. NO OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS -- Refer to Attachment 5.										SW/SIDS***					
1B. Acenaphthene (83-32-9)			X								mg/l				
2B. Acenaphtylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo (a) Anthracene (56-55-3)			X												
6B. Benzo (a) Pyrene (50-32-8)			X												
7B. 3,4-Benzo-fluoranthene (205-99-2)			X												
8B. Benzo (ghi) Perylene (191-24-2)			X												
9B. Benzo (k) Fluoranthene (207-08-9)			X												
10B. Bis (2-Chloro ethoxy) Methane (111-91-1)			X												
11B. Bis (2-Chloro ethyl) Ether (111-44-4)			X												
12B. Bis (2-Chloroisopropyl) Ether (102-60-1)			X												
13B. Bis (2-Ethylhexyl) Phthalate (117-81-7)			X												
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloronaphthalene (91-58-7)			X												
17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo (a,h) Anthracene (53-70-3)			X												
20B. 1,2-Dichlorobenzene (95-50-1)			X												
21B. 1,3-Dichlorobenzene (541-73-1)			X												

CONTINUE ON PAGE

Stormwater

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT (Untreated)** a. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	b. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) * (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)						Refer to Attachment 5.				SW/SIDS***					
22B. 1,4-Dichlorobenzene (106-46-7)			X								mg/l				
23B. 3,3'-Dichlorobenzidine (91-94-1)			X												
24B. Diethyl Phthalate (84-66-2)			X												
25B. Dimethyl Phthalate (131-11-3)			X												
26B. Di-N-Butyl Phthalate (84-74-2)			X												
27B. 2,4-Dinitrotoluene (121-14-2)			X												
28B. 2,6-Dinitrotoluene (606-20-2)			X												
29B. Di N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)			X												
31B. Fluoranthene (206-44-0)			X												
32B. Fluorene (86-73-7)			X												
33B. Hexachlorobenzene (118-74-1)			X												
34B. Hexachlorobutadiene (87-68-3)			X												
35B. Hexachlorocyclopentadiene (77-47-4)			X												
36B. Hexachloroethane (67-72-1)			X												
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X												
38B. Isophorone (78-59-1)			X												
39B. Naphthalene (91-20-3)			X												
40B. Nitrobenzene (98-95-3)			X												
41B. N-Nitrosodimethylamine (62-75-9)			X												
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT Stormwater (Untreated)** a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) SIDS (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) SIDS (2) MASS	c. LONG TERM AVRG. VALUE (if available) * (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) * (2) MASS	d. NO OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE (optional) b. NO OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)* --						Refer to	Attachment	5.		SW/SIDS***					
43B. N-Nitrosodiphenylamine (86-30-6)			X								mg/l				
44B. Phenanthrene (85-01-8)			X												
45B. Pyrene (129-00-0)			X												
46B. 1,2,4-Trichlorobenzene (120-82-1)			X												
GC/MS FRACTION – PESTICIDES -- Refer to Attachment 5.															
1P. Aldrin (309-00-2)			X												
2P. α-BHC (319-84-6)			X												
3P. β-BHC (319-85-7)			X												
4P. γ-BHC (58-89-9)			X												
5P. δ-BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. α-Endosulfan (115-29-7)			X												
12P. β-Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												
15P. Endrin Aldehyde (7421-93-4)			X												
16P. Heptachlor (76-44-8)			X												

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	2. MARK 'X' b. BELIEVED PRESENT	2. MARK 'X' c. BELIEVED ABSENT	Stormwater 3. EFFLUENT (Untreated)** a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) SIDS (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) SIDS (2) MASS	c. LONG TERM AVRG. VALUE (if available) * (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) * (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE (optional) b. NO. OF ANALYSES
GC/MS FRACTION – PESTICIDES *(continued)* — Refer to Attachment 5.										SW/SIDS***					
17P. Heptachlor Epoxide (1024-57-3)			X								mg/l				
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												

*Concentrations based upon grab sampling of UNTREATED Stormwater (from cooling canals & Outfall 002; and quarterly sampling of SID System). The following equation used to calculate proportional source contributions:

$$\text{mg/l} = \frac{\sum (100 \text{ gpm} \times \text{ave. conc.})_{\text{Stormwater}} + (3 \text{ gpm} \times \text{ave.conc.})_{\text{SIDS}}}{103 \text{ gpm}}$$

**Values provided are based upon untreated effluent concentrations. Actual discharge will consist of stormwater and groundwater treated to meet the standards of 35 IAC, Subtitle C, Seciton 304.

***Stormwater # of samples / SIDS # of samples (Note: Averaging based upon a minimum of 3 samples.)

II. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ YES *(identify the test(s) and describe their purposes below)* ☒ NO *(go to Section VIII)*

III. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☒ YES *(list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)* ☐ NO *(go to Section IX)*

A. NAME	B. ADDRESS	C. TELEPHONE *(area code & no.)*	D. POLLUTANTS ANALYZED *(list)*
rairie Analytical Systems	P.O. Box 8326 205 Main Terminal Capitol Airport Springfield, IL. 62791-8326	217/753-1158	Refer to Attachment 5.
AM Laboratories	15130 B South Kester Olathe, KS. 66062	913/829-0101	Refer to Attachment 5.
Environmental Analysis, Inc.	3278 N. Hwy 67 Florissant, MO. 63033	314/921-4488	Refer to Attachment 5.

CERTIFICATION

ertify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE *(type or print)*	B. PHONE NO. *(area code & no.)*
A. Hoff, President	618/254-4381
C. SIGNATURE	D. DATE SIGNED
David A Hoff	8-1-97

Please print or type in the unshaded ar[illegible]nly

EPA ID Number *(copy from Item I of Form 1)*: ILD 048843809

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

Form 2F NPDES

United States Environmental Protection Agency
Washington, DC 20460

Application for Permit To Discharge Stormwater Discharges Associated with Industrial Activity

Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., SW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. Outfall Number *(list)*	B. Latitude			C. Longitude			D. Receiving Water *(name)*
004	30	48	00	90	06	00	Unnamed Tributary to Long Lake

II. Improvements

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions. Not Applicable

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	number	source of discharge		a. req.	b. proj.

B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction. Refer to Attachment 6.

III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which receive storm water discharges from the facility. Refer to Attachment 2 -- Site Topographic Plan Map

Continued from the Front

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
004	1,107,700 sq.ft. (existing + proposed)	1,815,250 sq.ft.			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed, in the last three years, to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

1. Scrap Metal -- stored outdoors in piles prior to feeding to furnaces.
2. Zinc Oxide -- new building constructed for indoor storage of materials; past materials handling allowed for outdoor storage; only one outdoor storage unit remains, which is intended for closure.
3. Slag -- stored outdoors. Slag is granulated and shipped via railcar for shingle mfg; additional markets for use are being investigated, i.e., Concrete Manufacturing
4. Maintenance Chemicals -- stored in 55 gallon drums, outdoors; future plans include the installation of hazardous materials storage buildings and/or separate containment and stormwater collection systems.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
004	Stormwater will be treated by means of settling prior to chemical trmt. (polymer add.) and filtration (sand filters & filter press). Refer to Attachment 4 for details of the treatment system and Attachment 6 for details of existing & proposed pollution prevention controls.	1U, 2D, 2C, 1V, 5R

V. Nonstormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharges from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
David A. Hoff, President		

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

An evaluation was completed of the plant's processes and potential discharge pollutant sources. Tracing of the stormwater piping was completed by means of review of as-built plans and interview of knowledgeable plant personnel.

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

Zinc Oxide Spill -- October 1996, Spill contained to South of Oldenburg Road on Chemetco Property. Quantity released estimated @ 5000 cubic yards. Cleanup is currently on-going.

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TEST INCLUDED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT (Untreated)** Stormwater a. MAXIMUM XXXXX VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM XXXXX VALUE (if available) SIDS (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) * (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS -- Refer to Attachment 5.										SW/SIDS***					
1B. Acenaphthene (83-32-9)			X								mg/l				
2B. Acenaphtylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo (a) Anthracene (56-55-3)			X												
6B. Benzo (a) Pyrene (50-32-8)			X												
7B. 3,4-Benzo-fluoranthene (205-99-2)			X												
8B. Benzo (ghi) Perylene (191-24-2)			X												
9B. Benzo (k) Fluoranthene (207-08-9)			X												
10B. Bis (2-Chloro ethoxy) Methane (111-91-1)			X												
11B. Bis (2-Chloro-ethyl) Ether (111-44-4)			X												
12B. Bis (2-Chloroiso-propyl) Ether (102-60-1)			X												
13B. Bis (2-Ethyl-hexyl) Phthalate (117-81-7)			X												
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro-naphthalene (91-58-7)			X												
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo (a,h) Anthracene (53-70-3)			X												
20B. 1,2-Dichloro-benzene (95-50-1)			X												
21B. 1,3-Dichloro-benzene (541-73-1)			X												

ILD 0466438C9 | 004

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TEST INCLUDED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT (Untreated)** Stonmwater a. MAXIMUM XXXXX VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) SIDS (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) * (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)						Refer to	Attachment 5.			SW/SIDS***					
22B. 1,4-Dichlorobenzene (106-46-7)			X								mg/l				
23B. 3,3'-Dichlorobenzidine (91-94-1)			X												
24B. Diethyl Phthalate (84-66-2)			X												
25B. Dimethyl Phthalate (131-11-3)			X												
26B. Di-N-Butyl Phthalate (84-74-2)			X												
27B. 2,4-Dinitrotoluene (121-14-2)			X												
28B. 2,6-Dinitrotoluene (606-20-2)			X												
29B. Di-N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)			X												
31B. Fluoranthene (206-44-0)			X												
32B. Fluorene (86-73-7)			X												
33B. Hexachlorobenzene (118-74-1)			X												
34B. Hexachlorobutadiene (87-68-3)			X												
35B. Hexachlorocyclopentadiene (77-47-4)			X												
36B. Hexachloroethane (67-72-1)			X												
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X												
38B. Isophorone (78-59-1)			X												
39B. Naphthalene (91-20-3)			X												
40B. Nitrobenzene (98-95-3)			X												
41B. N-Nitrosodimethylamine (62-75-9)			X												
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	2. MARK 'X' b. BELIEVED PRESENT	2. MARK 'X' c. BELIEVED ABSENT	3. EFFLUENT (Untreated)** Stormwater a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) * (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) * (2) MASS	d. NO OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE (optional) b. NO OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)* --				Refer to Attachment 5.						SI/SIDS***					
43B. N-Nitrosodiphenylamine (86-30-6)			X								mg/l				
44B. Phenanthrene (85-01-8)			X												
45B. Pyrene (129-00-0)			X												
46B. 1,2,4 - Trichlorobenzene (120-82-1)			X												
GC/MS FRACTION – PESTICIDES -- Refer to Attachment 5.															
1P. Aldrin (309-00-2)			X												
2P. α-BHC (319-84-6)			X												
3P. β-BHC (319-85-7)			X												
4P. γ-BHC (58-89-9)			X												
5P. δ-BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. α-Endosulfan (115-29-7)			X												
12P. β-Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												
15P. Endrin Aldehyde (7421-93-4)			X												
16P. Heptachlor (76-44-8)			X												

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	Stormwater 3. EFFLUENT (Untreated)** a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) SIDS (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) * (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. ANALYSES
GC/MS FRACTION – PESTICIDES *(continued)* -- Refer to Attachment 5.										SW/SIDS***					
17P. Heptachlor Epoxide (1024-57-3)			X								mg/l				
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												

*Concentrations based upon grab sampling of UNTREATED Stormwater (from cooling canals & Outfall 002; and quarterly sampling of SID System). The following equation used to calculate proportional source contributions:

$$mg/l = \frac{\sum (100\ gpm \times ave.\ conc.)_{Stormwater} + (3\ gpm \times ave.conc.)_{SIDS}}{103\ gpm}$$

**Values provided are based upon untreated effluent concentrations. Actual discharge will consist of stormwater and groundwater treated to meet the standards of 35 IAC, Subtitle C, Seciton 304.

***Stormwater # of samples / SIDS # of samples (Note: Averaging based upon a minimum of 3 samples.)

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
ILD 048843809	004

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a *(secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions)*, mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part, please review each carefully. Complete one table *(all 7 pages)* for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT (UNTREATED)** STORMWATER						4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM VALUE (1) CONCENTRATION	a. MAXIMUM VALUE (2) MASS	b. MAXIMUM VALUE (if available) SIDS (1) CONCENTRATION	b. MAXIMUM VALUE (if available) SIDS (2) MASS	c. LONG TERM AVRG. VALUE (if available) * (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) * (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSE
METALS, CYANIDE, AND TOTAL PHENOLS										SW/SIDS***					
1M. Antimony, Total (7440-36-0)			X	-- Believed not to be present		in levels		of concern.			mg/l				
2M. Arsenic, Total (7440-38-2)			X	-- Believed not to be present		in levels		of concern.							
3M. Beryllium, Total (7440-41-7)			X												
4M. Cadmium, Total (7440-43-9)	X	X		2.58		0.246		1.40		4/10					
5M. Chromium, Total (7440-47-3)			X	-- Believed not to be present		in levels		of concern.							
6M. Copper, Total (7440-50-8)	X	X		1.31		109		2.71		5/10					
7M. Lead, Total (7439-92-1)	X	X		2.62		0.96		0.88		6/10					
8M. Mercury, Total (7439-97-6)	X	X		0.0008		--		--		2/--					
9M. Nickel, Total (7440-02-0)	X	X		16.0		103		7.34		3/10					
10M. Selenium, Total (7782-49-2)			X	-- Believed not to be present		in levels		of concern.							
11M. Silver, Total (7440-22-4)			X	-- Believed not to be present		in levels		of concern.							
12M. Thallium, Total (7440-28-0)			X	-- Believed not to be present		in levels		of concern.							
13M. Zinc, Total (7440-66-6)	X	X		13.6		23		6.28		5/10					
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	STORMWATER 3. EFFLUENT (UNTREATED)** a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) SIDS (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available)* (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS --				Refer to Attachment	5.					SW/SIDS***					
1V. Acrolein (107-02-8)			X								mg/l				
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
4V. Bis (Chloromethyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chlorobenzene (108-90-7)			X												
8V. Chlorodibromomethane (124-48-1)			X												
9V. Chloroethane (75-00-3)			X												
10V. 2-Chloroethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichlorobromomethane (75-27-4)			X												
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X												
15V. 1,2-Dichloroethane (107-06-2)			X												
16V. 1,1-Dichloroethylene (75-35-4)			X												
17V. 1,2-Dichloropropane (78-87-5)			X												
18V. 1,3-Dichloropropylene (542-75-6)			X												
19V. Ethylbenzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												
21V. Methyl Chloride (74-87-3)			X												

CONTINUE ON PAGE V-

APPLICATION FOR NPDES STORMWATER PERMIT (OUTFALL 004)
AND
APPLICATION FOR JOINT CONSTRUCTION AND OPERATING PERMIT
STORMWATER\(GROUNDWATER) TREATMENT SYSTEM

PREPARED FOR:

CHEMETCO
Route 3 & Oldenburg Road
Hartford, Illinois 62048

JULY 1997

TABLE OF CONTENTS

APPLICATION FOR NPDES STORMWATER PERMIT (OUTFALL 004)
AND
APPLICATION FOR JOINT CONSTRUCTION AND OPERATING PERMIT
STORMWATER TREATMENT SYSTEM

CHEMETCO
Route 3 & Oldenburg Road
Hartford, Illinois 62048

SECTION ONE:

NPDES PERMIT APPLICATION FORMS

Form 1:
General Information

Form 2C:
Application for a Permit to Discharge Wastewater, Existing Manufacturing, Commercial, Mining and Silvicultural Operations

Form 2F:
Stormwater Discharges Associated With Industrial Activity

JULY 1997

[fill—in areas are spaced for elite type, i.e., 12 characters/inch].

Form Approved. OMB No. 2040-0086 Approval expires 7-31-88

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA NUMBER

S															T/A	C
F	I	L	D	0	4	8	8	4	3	8	0	9				D
1	2											13			14	15

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill—in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill—in area*(s)* below. If the label is complete and correct, you need not complete items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold—faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**?		X	
B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**?		X	
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above?	X		
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**?		X	
E. Does or will this facility treat, store, or dispose of **hazardous wastes**?	X		
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water?		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons?		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy?		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area?	X		
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area?			

III. NAME OF FACILITY

1 SKIP: Chemetco, Inc.

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 Cotter, Greg, Env. Manager	618 254 4381

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX: 3 P. O. Box 67

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 Hartford	IL	62048

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 5 Route 3 & Oldenburg Road

B. COUNTY NAME: Madison

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 Hartford	IL	62048	

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
3341 (specify) Secondary Non-ferrous Smelter	(specify)
C. THIRD	**D. FOURTH**
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME: Chemetco, Inc.

B. Is the name listed in Item VIII-A also the owner? [X] YES [ ] NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)
F = FEDERAL; S = STATE; P = PRIVATE; M = PUBLIC (other than federal or state); O = OTHER (specify)

D. PHONE (area code & no.): A 618 254 4381

E. STREET OR P.O. BOX: P. O. Box 67

F. CITY OR TOWN: Hartford

G. STATE: IL

H. ZIP CODE: 62048

IX. INDIAN LAND

Is the facility located on Indian lands? [ ] YES [X] NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water): 9 N IL0025747	**D. PSD** (Air Emissions from Proposed Sources): 9 P N/A
B. UIC (Underground Injection of Fluids): 9 U N/A	**E. OTHER** (specify): 9 N/A (specify)
C. RCRA (Hazardous Wastes): 9 R IL1980100003	**E. OTHER** (specify): 9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements. Refer to Attachment 1 and Attachment 2.

XII. NATURE OF BUSINESS (provide a brief description)

Chemetco, Inc., smelts and refines varying grades and types of copper scrap and copper bearing materials to produce copper anodes, solder, granulated slag, and impure zinc oxide. The electrolytic refining that was once part of the plant processes is no longer part of the facility operations.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
David A. Hoff, President	David A Hoff	8-1-97

COMMENTS FOR OFFICIAL USE ONLY

EPA Form 3510-1 (Rev. 10-80) Reverse

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY

IL 532-0357
ADM 39
054-002

Subject Attendance / Chemetco Mtg

Data

Reviewed by Date 9/24/87

Person	Representing	Telephone #
Janice V. Perrin	IEPA	217-785-0830
G. Tod Rowe	IEPA, DLPC, Permits	(217) 782-6762
Robert F. Van Voorhees	Bryan, Cave Counsel for Chemetco	(202) 289-6100
MARK HANEY	ERT, BOSTON, MA CONSULTANT FOR CHEMETCO	617/369-8910
Cheng-Ping Chang	Chemetco	618-254-4381
H. DERRICK PETERSON	BRYAN, CAVE Counsel for Chemetco.	(202) 289-6100
[redacted]CY MACKIEWICZ	IL ATTY GENERAL	(217) 782 9031
James Morgan	I A G	(217) 782-9031
ROBERT L. SCHLEUGER	IEPA FIELD OPERATIONS	618/345-6220
Bruce Carlson	IEPA - Enforcement	(217) 782-5544
MILES ZANCO	IEPA - DAPC	(217) 782-7326
THOMAS HORNSHAW	IEPA - OFF. CHEM. SAFETY	(217) 785-0830
FLOYD HASSELRIIS	GBB	703 573 5800
Chris Liebman	IEPA, DLPC, Permits	217/782-6762

December 2,1980

Christ E.Boettcher
R.R.1
East Alton,Ill,62024
618-254-2520

Mr.ThomasE.Cavanagh, Jr. Manager
Land Permit Section
Division of Land/Noise Pollution Center

Dear Sir:

Reguarding your letter of November 20, 1980; concerning Chemetco Inc. There request for a processing and recovery permit.
This company has been in business for approximately ten years.
During this time they have abused any and all enviormental permits they might have.Chemetco Inc. came into this aera in 1969, and purchased property that is and always has been agriculture property.
This entire aera surrounding chemetco is farm ground, and is used as such.

We own and operate a truck farm on the surrounding property; and although we are a family bussiness this is all that we do.
Since the Chemetco Inc. has been in operation, we have suffered extreme pollution of every kind.

1. Chemetco Inc. is a Eye-sore, come look at it sometime.
2. Noise- they make explosive noises off and on all the time.
3. Smoke- they smoke all the time, sometimes it is much worse than others, note photos,the smoke is very black sometimes, they usually lift the lid and leave the worst of the smoke at dusk, or at night, or on the week-end when known persons such as the enviromental protection agency , is not able to be out and see it.This smoke makes our eyes burn, and also gives us soar throats.Also the smoke has been so thick at times it has almost caused auto accidents on Rt.3.
4. Smell- it smells alot of tne time more-so than not.
5. They also have liquid pollution problems,note photos, this was on our property. Also I would like to remind you that at one time about three or so years ago they had some leakage of sulfuric-acid,at the plant, I would refer you to the Alton Telegraph, and the press record, which ran the story, along with pictures.

Chemetco Inc. is a mennace to the enviorment and hazardeous to our health. If you grant them this permit there is no way of telling what they will do next. We are against it.We feel that you at the E.P.A. have not kept close enough watch on them the way it is.We realize this is only our enviorment not yours, but would appricate it if someone would try to understand. You may want to keep in mind that if large companies keep buying up farm ground and are allowed to pollute it at our expense, the people of Illinois are going to suffer, in more that one way, first there food will cost them more becuse it will have to be shipped in, instead of comming from local markets, in our aera St,Louis.Not to mention the long range effect of the land itself, it takes years to clean up land that has been abused and polluted, if ever.Also the people of Illinois are taxed to pay for this. There are many other reasons to numerous to mention.

We are in the process of gaining support through our congressman, and also the Governor,as well as a legal pettion which is now in the process of being signed by the people in the immeadite aera of Chemetco Inc.

Thank You.
Christ E. Boettcher

C. Boettcher

ILLINOIS EPA

Environmental Protection Agency

2200 Churchill Road, Springfield, Illinois 62706

NOV 20 1980

Christ Boettcher
R. R. 1
E. Alton, IL 62024

Pursuant to the provisions of Section 1039 of the Illinois Environmental Protection Act (Illinois Revised Statutes, Chapter 111½, § 1039) you are hereby notified that:

Chemetco, Inc. — Applicant (Person or Company)

P. O. Box 187 — Address

Alton, Illinois 62002 — City & State

has applied to the Agency for a:

- [X] 1. Development Permit (This is a request for a processi and recovery permit. No landfill permit is requested.)
- [ ] 2. Operation Permit
- [ ] 3. Supplemental Permit
- [ ] 4. Other

To:

- [X] A. Develop a Site
- [ ] B. Operate the Site
- [ ] C. Modify Site Development
- [ ] D. Modify Site Operation
- [ ] E. To Receive Special Waste (generically described as:)

_____

_____

At: Chemetco, Inc. — Site Name

P. O. Box 187 — Street or Road

_____ — Near (Municipality)

Alton, Madison, Illinois — City, County, State

If you have any comments, please submit them in writing within thirty-five (35) days for Development and Operation Permits, or twenty-one (21) days for Supplemental Permits to:

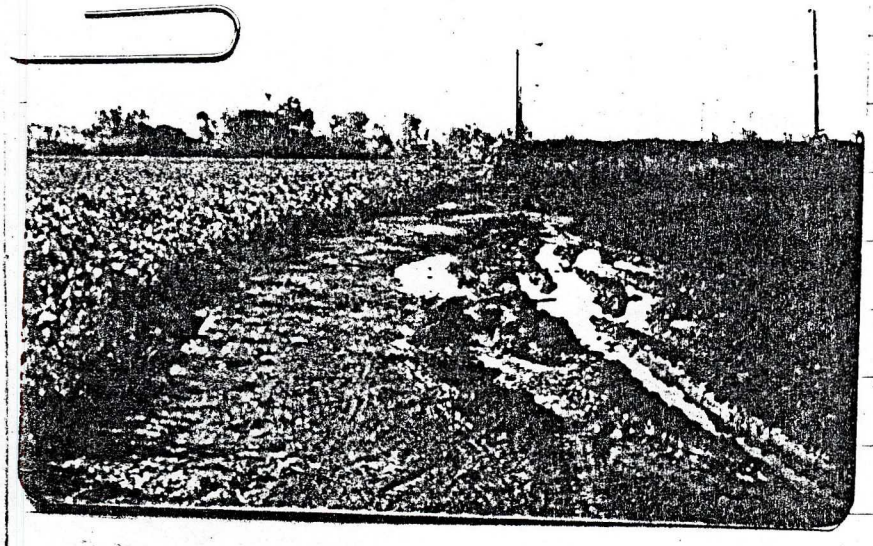
Illinois Environmental Protection Agency
Land Permit Section, Division of Land/Noise Pollution Control
2200 Churchill Road
Springfield, Illinois 62706

NO

Thomas E. Cavanagh, Jr., Manager
Land Permit Section
Division of Land/Noise Pollution Contro

LPC-40 8/79

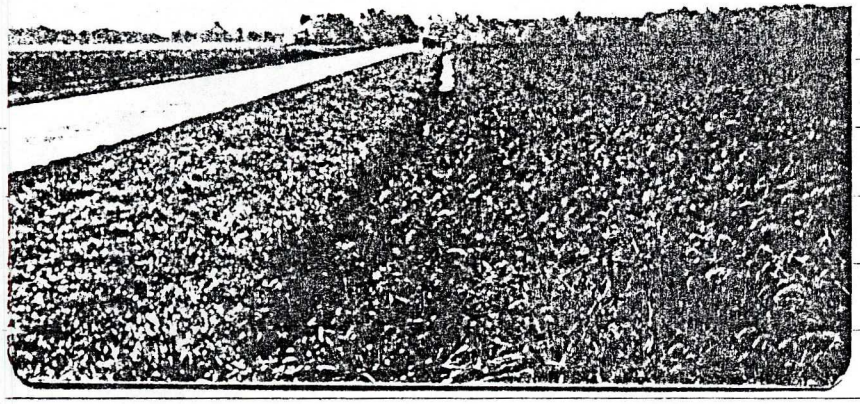
Photos Received 12/12/80
From Christ E. Boettcher



Reverse Caption:
"Liquid Pollution On
Our Farm
Photo 1"

Reverse Caption:

"2 Liquid
Pollution"



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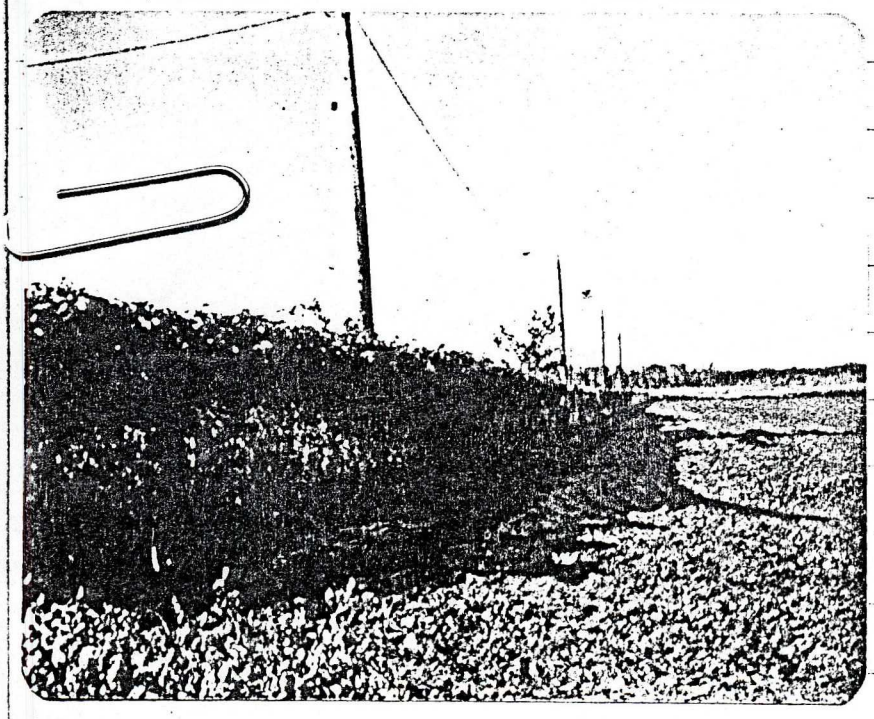
"Liquid Pollution
3"



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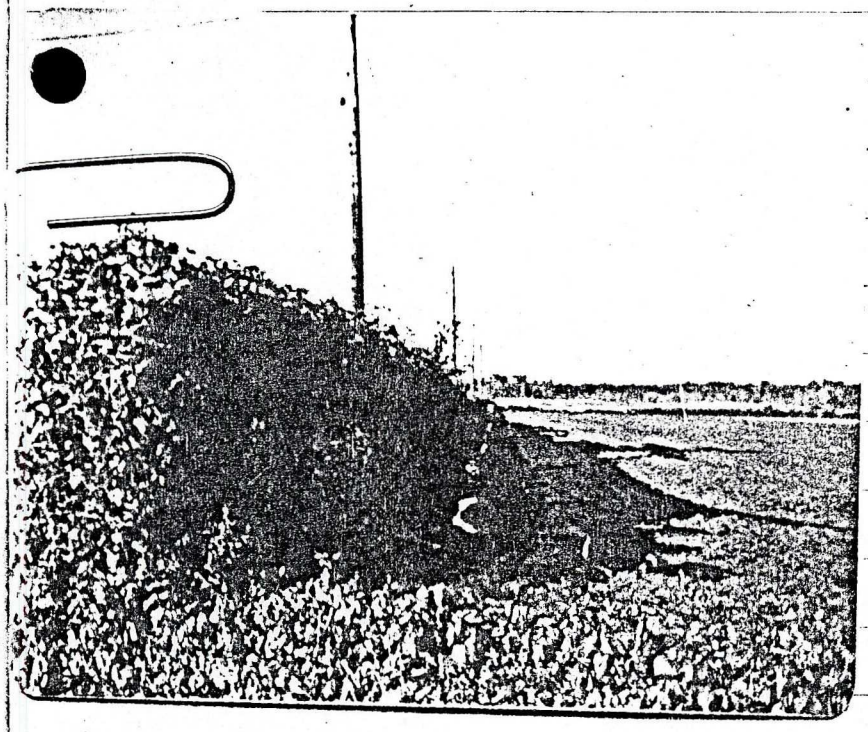
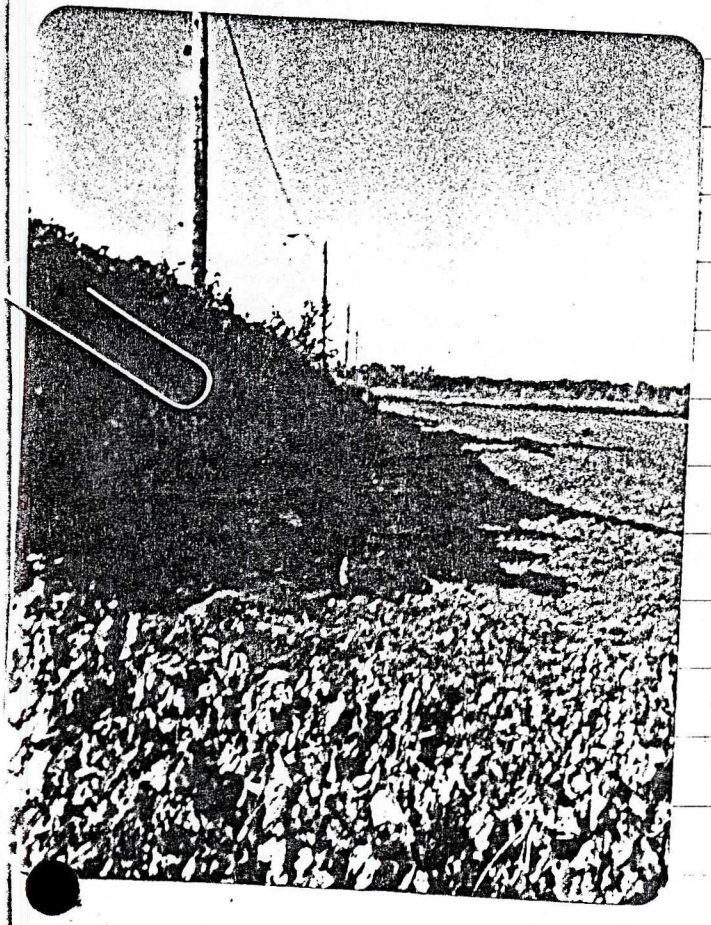
"4 Liquid
Pollution"



Reverse Caption:

"5 Liquid
Pollution"



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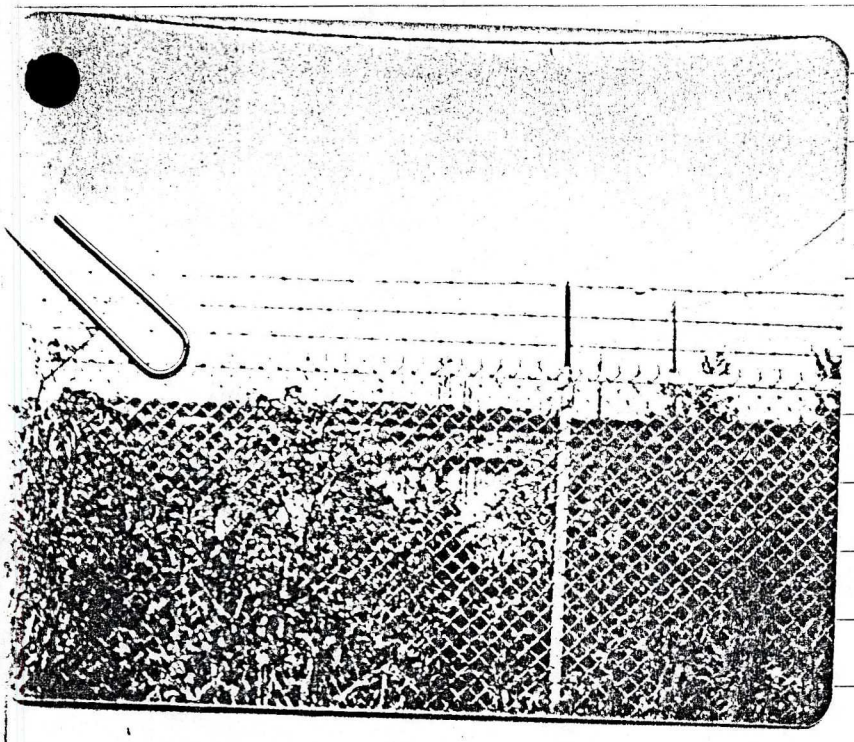
"6 Liquid
Pollution"



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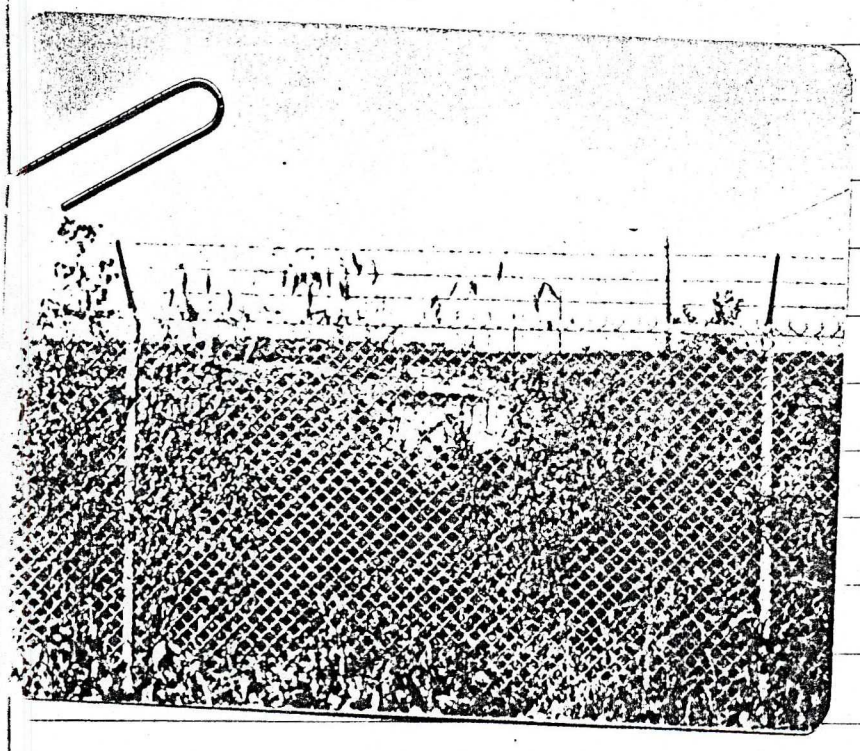
"Cooling Pond"



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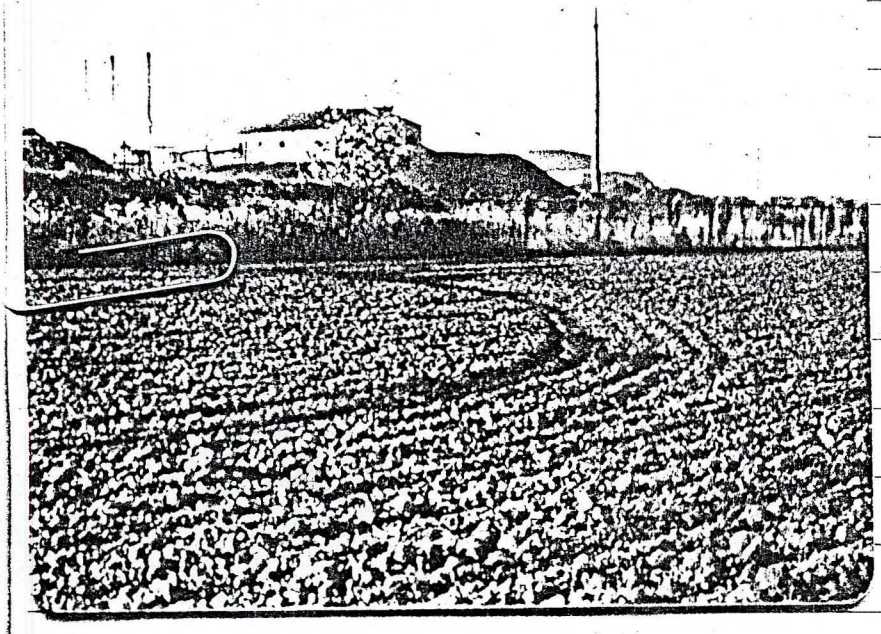
"Cooling Pond"



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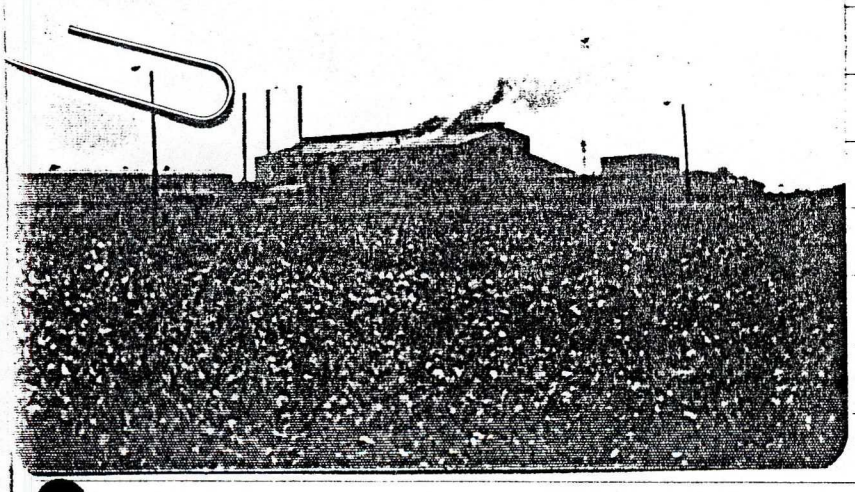
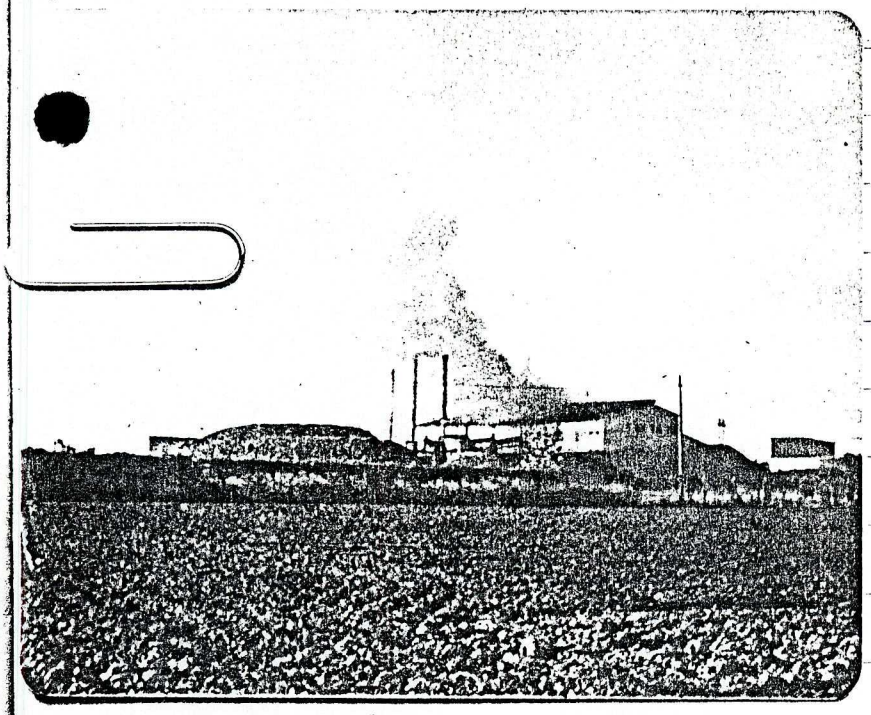
"Smoke"



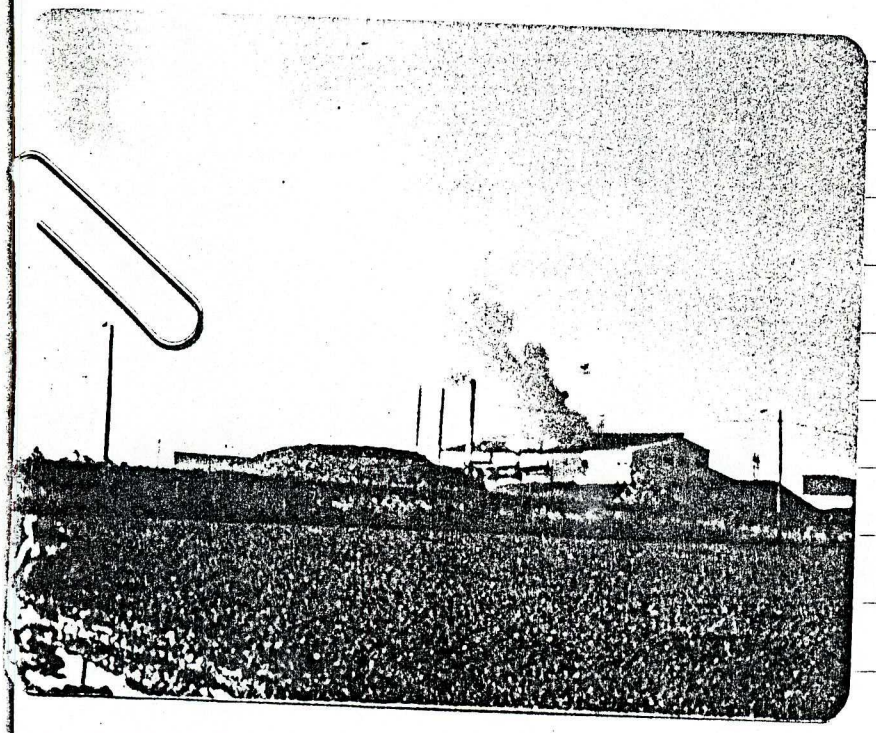
Reverse Caption:

"Smoke"



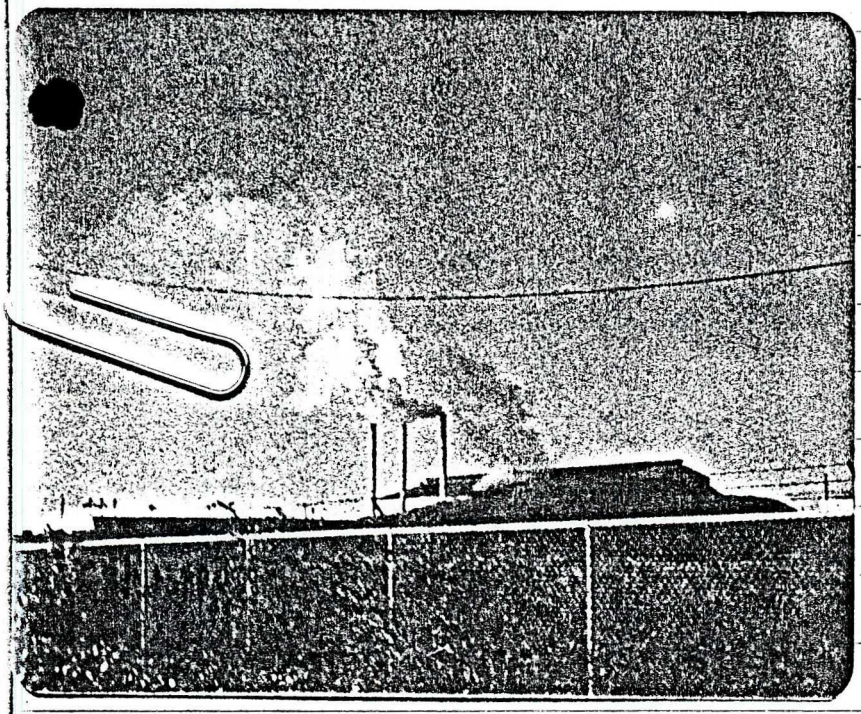
Reverse Caption:

"Eye-Sore I
Look at Smoke
You Should
See it when its (sic)
Black
or Really Thick"



Reverse Caption:

"Smoke
And Water
Pollution"



Reverse Caption:

"Smoke"

1540 CC

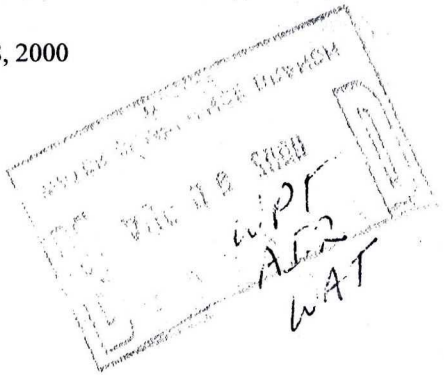
M. GERVICH & SONS
INCORPORATED

SCRAP IRON - METAL
STRUCTURAL STEEL

AREA CODE 515
PHONE 753-3359
901 EAST NEVADA STREET
P.O. BOX 67
MARSHALLTOWN, IOWA 50158

FAX ~~(515)~~ 753-3340
641

July 28, 2000



Regional Freedom of Information Officer
U.S. EPA, Region 5
77 West Jackson Boulevard (MRI-9)
Chicago, IL 60604-3507

RE: Information Request

Dear Sirs,

As you may know, on November 29, 1999, President Clinton signed into law the Superfund Recycling Equity Act (Public Law 106-113). This law clarifies Superfund to state that recycling is not disposal, and shipping for recycling is not arranging for disposal.

Under the new law, a recycler must exercise 'reasonable care' to determine that the consuming facility[1] where the material is sent for recycling is in compliance with substantive environmental requirements that are applicable to the recyclable material[2]. **This includes making inquiries to the appropriate federal, state, or local environmental agency regarding the compliance status of the consuming facility.**

To comply with this requirement, I am requesting information on the compliance status of the following company as it relates to the handling storage and management of scrap materials at the company's facility: RCRA

Chemetco, Inc.
3754 Chemetco Lane
Hartford, IL 62048

Specifically, I am interested in finding out if the facility named above is currently meeting its compliance goals set forth in any consent order or administrative action which resulted from an enforcement action due to a Clean Air Act violation(s). Air.

Thank you in advance for your assistance. As this information is critical in demonstrating 'reasonable care', please provide the necessary statement or documentation by 20 calendar days after receipt of this letter to the address denoted in the letterhead.

Sincerely,

Kurt M. Jackson
Environmental Compliance Officer
M. Gervich & Sons, Inc.

CC/RJ

[1] A 'consuming facility' is the facility where the recyclable material was handled, processed, reclaimed, or otherwise managed. For example, a steel mill, paper mill, foundry, or even another scrap recycler can be considered a 'consuming facility'.

[2] This could include the handling, processing, reclamation, storage, or other management activity directly associated with the recyclable material.

REGIONAL

FOIA FEE CALCULATION WORKSHEET

HQ [redacted]-

NAME _____ PHONE _____ (circle one)

DIVISION _____ HOURLY WAGE _____ (from pay stub)

FEES BILLED TO REQUESTOR BY FEE CATEGORY

(X) COMMERCIAL USE REQUEST
(Charge for Search, Review and Duplication)
( ) EDUCATION & NON-COMMERCIAL SCI. INSTIT.
(Charge for Duplication excluding first 100 pages)
( ) REPRESENTATIVES OF THE NEWS MEDIA
(Charge for Duplication excluding first 100 pages)
( ) ALL OTHER REQUESTS
(Charge for Search excluding first 2 hours and Duplication excluding first 100 pages)

ADMINISTRATIVE REPORTING OF FOIA

CHECK MORE THAN ONE BOX IF APPLICABLE
( ) Subject Matter Expert/Responder
( ) Clerical/Support Personnel
( ) Legal Personnel (Concurrence Review)
( ) Contractor Support

I WORK ON FOIA (Check one)
( ) Part-Time (e.g., Collateral Duties)
( ) Full-Time

NOTE: A COMPLETED COPY OF THIS WORK SHEET MUST BE SENT TO THE REGIONAL FOIA OFFICE (MRI-9J) ALONG WITH THE REPLY LETTER. REPLIES MISSING COST INFORMATION MAY APPEAR ON THE OVERDUE LIST.

	ACTUAL COSTS *NOT BILLED TO REQUESTOR	BILLED TO REQUESTOR
SEARCH TIME (PER 15 MIN.)		
GS9 & UP-$5.00 PER 1/4 HOUR	Time _____ $_____	Time _____ $
GS8 & BELOW-$2.00 PER 1/4 HOUR	Time _____ $_____	Time _____ $
Fee Reduction (Subtract 2 hours)		Hours (Subtract 2) $_____
REVIEW TIME (PER 15 MIN.)		
GS9 & UP-$5.00 PER 1/4 HOUR	Time _____ $_____	Time _____ $_____
GS8 & BELOW-$2.00 PER 1/4 HOUR	Time _____ $_____	Time _____ $_____
DUPLICATION		
Duplication@.15 per single page	Pages _____ $_____	Pages _____ $_____
Duplication@.30 per 2-sided page	Pages _____ $_____	Pages _____ $_____
Special Reproduction@Actual Cost	Actual Cost $_____	Actual Cost $_____
Fee Reduction (100 pages)		Reduction $ (-)_____
COMPUTER SEARCH & PRODUCTION		
GS9 & UP-$5.00 PER 1/4 HOUR	Time _____ $_____	Time _____ $_____
GS8 & BELOW-$2.00 PER 1/4 HOUR	Time _____ $_____	Time _____ $_____
COMPUTER USAGE	Actual Cost $_____	Actual Cost $_____
DISKETTES @$1.00	Diskettes _____ $_____	Diskettes _____ $_____
AUTHENTICATION		
Certification/Authentication	$25 $_____	$25 $_____
OTHER NONBILLABLE COSTS (CALCULATE AT HOURLY RATE)		
RESPONSE PREPARATION	Time _____ $_____	
PHONE COMMUNICATIONS	Time _____ $_____	
CONCURRENCE	Time _____ $_____	
MANAGERIAL CONCURRENCE	Time _____ $_____	
CONDUCT FEE REVIEW	Time _____ $_____	
MAILING COSTS (actual cost)	Actual Cost $_____	
OTHER (Specify _____)	Cost $_____	

EPA

FREEDOM OF INFORMATION REQUEST

Expeditious Handling Required

Return to: Freedom Of Information Coordinator
Information Management Branch
Telephone (312) 886-6686
Routing: DMI-9J

File ILD 048 893 809

5HS JCK-13

FEB 04 1985

Mr. John Suarez
Vice President
Chemetco, Incorporated
P.O. Box 187
Alton, Illinois 62002

Re: Freedom of Information Act Request
RIN-8-85

Dear Mr. Suarez:

This is in response to your Freedom of Information Act request dated December 12, 1984. In your letter you requested a copy of the (Resource Conservation and Recovery Act (RCRA) inspection report from the inspection performed on June 14, 1984, and a copy of the analytical results prepared from samples collected on October 16, 1984, at the Chemetco facility.

We are transmitting the requested Resource Conservation and Recovery Act inspection, dated June 14, 1984. As of this date, the analytical results on the samples taken on October 16, 1984, have not been received by the United States Environmental Protection Agency. Please resubmit your request after March 1, 1985, if you still desire these analytical results.

Also enclosed is a Bill for Collection on which the fees for this request have been itemized. Please return the top portion of the billing form with your check or money order in the amount of $13.00, payable to the United States Environmental Protection Agency, and forward your remittance to the address listed on the billing form. Payment is due within 30 days.

Please contact Mr. Gary Westefer, of my staff, at (312) 886-7450, if you have any questions or are in need of further assistance.

Sincerely,

Basil G. Constantelos, Director
Waste Management Division

Enclosures

cc: Illinois Environmental Protection Agency

bcc: N. Sullivan, OPA
N. Norman, FOS
C. Kavcic, WMD
K. Pierard, HWEB
✓ File

5HW:WMB:RAIU:WESTEFER:WESTEFER: 1/28/85

A-1

Freedom of Information Act Request
05-RIN-01840-00

Requestor:	**KURT JACKSON**	**Request Date:**	**07/28/2000**
Company:	**M.GERVICH & SONS**	**Date Received:**	**08/01/2000**
		Acknowledged:	**08/01/2000**
Fee Category:	**Commercial**		

Subject: **CHEMETCO**

Lead Office:

Assigned to: **05-AIR, ~~05-WATER,~~ 05-WPT**
05-ORC, ~~Criminal~~ Tom Martin

Original Due Date: **08/29/2000** **New Due Date:**

Track: **BASIC** **Fee Waiver Requested:** **NO**

FIS Initials: **GC**

Informational
Assigned 8/4/00
Reassigned 8/8/2000
To: ORC
Tom Martin

RECEIVED
AUG 08 2000
WATER COMPLIANCE BRANCH
WC-15J

SPECIAL INSTRUCTIONS:

1. SEPARATE REPLIES 2. LEAD OFFICE ISSUE COMBINED BILLING 3. PROGRAM OFFICE SEND YOUR BILLING TO WPT, MARY VILLARREAL, HSM-7J-6-4739. 4. CALL REQUESTER WITH COST ESTIMATE

AYH

RECEIVED
AUG 07 2000
Water Enforcement & Compliance Assurance Branch
U.S. EPA, Region 5

REC'D BY:

DATE

P 243 556 876

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	
Ms. Heather Young Chemetco, Inc. P.O. Box 187 Route 3 and Oldenberg Road Hartford, IL 62048	4.00
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	1.10
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 6.45
Postmark or Date	

PS Form 3800, June 1985

DE-95 PK

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Ms. Heather Young
Chemetco, Inc.
P.O. Box ~~187~~ 67
Route 3 and Oldenberg Road
Hartford, IL 62048

4a. Article Number

4b. Service Type

Registered ☐ Insured
Certified ☐ COD
Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery 9-21-98

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent) Harry V Leopton

PS Form 3811, December 1991 ☆U.S. GPO: 1993—352-714 **DOMESTIC RETURN RECEIPT**

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

P 564 478 128

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

PS Form 3800, June 1985 DRE-9J PK ☆U.S.G.P.O. 1989-234-555

Sent to Bruce Henrickson	
Street and No. POB 67	
P.O., State and ZIP Code Hartford, IL 62048	
Postage	$ 1.01
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	1.10
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 3.46
Postmark or Date	CHEMPOLE JAN 14 1998 USPO

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.
1. ☐ Show to whom delivered, date, and addressee's address. ↑*(Extra charge)*↑ 2. ☐ Restricted Delivery ↑*(Extra charge)*↑

3. Article Addressed to:
Bruce Henrickson
Chemetco, Inc.
P.O. Box 67
Hartford, IL 62048

4. Article Number
P 564 478 128

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Harry V Taylor

6. Signature – Agent
X

7. Date of Delivery
1-16-98

8. Addressee's Address *(ONLY if requested and fee paid)*

PS Form **3811**, Mar. 1987 ★ U.S.G.P.O. 1987-178-268 **DOMESTIC RETURN RECEIPT**

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

CHICAGO IL 60606 PM 09 APR 1998

3. Article Addressed to:

Mr. Bruce Henrickson
Chemetco, Inc.
P.O. Box 67
Hartford, IL 62048

4a. Article Number

4b. Service Type
☐ Registered ☐ Insured
☑ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery 4-13-98

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent) Harry V Layton

PS Form **3811**, December 1991 ☆U.S. GPO: 1993—352-714 **DOMESTIC RETURN RECEIPT**

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write *"Return Receipt Requested"* on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mr. Ron Kreyenbuhl
Branch Manager
EM Corporation
129 Eisenhower Lane
Lombard, IL 60148

4a. Article Number

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery 12-3

5. Received By: *(Print Name)*

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*
X John Consalvo

PS Form **3811**, December 1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write *"Return Receipt Requested"* on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mr. Douglas E. Splitstone
Splitstone & Associates
4530 William Penn Hwy. #110
Murrysville, PA 15668

4a. Article Number

4b. Service Type
☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery 11/2

5. Received By: *(Print Name)*

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*
X Delores Tedesco

PS Form **3811**, December 1994 Domestic Return Receipt

Is your RETURN

Thank you for using Return Receipt Service.